DOCUMENT RESUME

ED 443 222 EC 307 915

AUTHOR	Ekblad, Alan, Ed.; Anderson, Lori, Ed.; Newborg, Jean, Ed.
TITLE	Early Childhood Special Education for Children with Disabilities, Ages Three through Five: An Introduction. Revised.
INSTITUTION	North Dakota State Dept. of Public Instruction, Bismarck. Div. of Special Education.
PUB DATE	1999-12-00
NOTE	18p.; For the January 1996 version, see ED 418 517. Foreword by Gary Gronberg.
AVAILABLE FROM	North Dakota Dept. of Public Instruction, Dept. of Special Education, 600 East Boulevard Ave., Dept. 201, Bismarck, ND 58505-0440: 701-328-2277 (Voice); Tel: 701-328-4920 (TDD); Fax: 701-328-4149.
PUB TYPE	Guides - Non-Classroom (055)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Agency Cooperation; Delivery Systems; *Disabilities; Early Childhood Education; Educational Philosophy; *Educational Practices; *Evaluation Criteria; *Mainstreaming; Multicultural Education; Professional Development; *Program Evaluation; *Special Education; State Standards; Transitional Programs
IDENTIFIERS	North Dakota; *Related Services

ABSTRACT

This introduction to a reference guide for early childhood special education personnel in North Dakota discusses the purpose of the guidelines, the North Dakota philosophy on the importance of early intervention programs, and quality indicators of early intervention programs. The highlighted quality indicators of early childhood programs include: (1) providing opportunities for young children with disabilities to be educated with same-age peers without disabilities; (2) providing services in a variety of settings with an emphasis on utilizing the least restrictive learning environment for each child; (3) providing services that reflect interagency and interdisciplinary cooperation and coordination; (4) actively involving parents in every aspect of the educational process; (5) providing services that are developmentally appropriate and address how the child's disability affects access to those activities; (6) providing services that value cultural diversity; (7) promoting interagency collaboration to ensure smooth transitions; (8) utilizing comprehensive program evaluation models to evaluate the local programs in terms of standards for program quality; and (9) providing ongoing staff development inservice training opportunities. (CR)

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ED 443 222

Early Childhood Special Education for Children with Disabilities, Ages Three through Five: An Introduction

Revised

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EARLY CHILDHOOD SPECIAL EDUCATION FOR CHILDREN WITH DISABILITIES, AGES THREE THROUGH FIVE: AN INTRODUCTION

Published By
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
Office of Special Education
Dr. Wayne G. Sanstead, State Superintendent
Revised December, 1999

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FOREWORD

Approximately 1200 preschool and kindergarten children (ages three through five) who have disabilities are assisted each year through programs and services provided by North Dakota's local school districts. The North Dakota Department of Public Instruction is committed to these early intervention initiatives to decrease the effects of disabling conditions and reduce the need for special education when these children reach school age.

Within the context of the Goals 2000 State Plan, this document represents an important element for the Department of Public Instruction. Goal One states that "all children in America will start school ready to learn". The practices required under state regulations, together with the recommendations from constituent state and national agencies and organizations, are provided in an easy-to-use format.

Eight objectives are considered central to the philosophy that pervades this document. These include: (1) providing opportunities for young children with disabilities to be educated with same-age peers without disabilities; (2) providing services in a variety of settings with an emphasis on utilizing the least restrictive learning environment for each child; (3) providing services that reflect interagency and interdisciplinary cooperation and coordination; (4) actively involving parents in every aspect of the educational process; (5) providing services that are developmentally appropriate and address how the child's disability impacts access to those activities; (6) providing services that value cultural diversity; (7) promoting interagency collaboration to ensure smooth transitions; and (8) utilizing comprehensive program evaluation models to assess anticipated and unanticipated outcomes of local programs.

Some 50 specialists, including parents, worked to make this document a reality. All segments of the service delivery system are represented including universities, local school districts, special education units, state agencies, and the North Dakota Interagency Coordinating Council along with several of its subcommittees. The commitment of these individuals to the many youngsters who have disabilities is reflected throughout. They have brought to the task the best possible thinking and writing in the field of early childhood special education.

We welcome feedback on this resource from personnel in local school district programs and other agencies as they work to develop, expand and enhance educational opportunities for young children with disabilities in North Dakota communities and schools.

Gary Gronberg, Ed.D.
Assistant Superintendent
North Dakota Department of Public Instruction
1996

PREFACE

Early Childhood Special Education for Children with Disabilities Ages Three Through Five is designed as a reference guide for special education personnel. It addresses required and recommended practices related to the delivery of services to children, ages three through five, with disabilities and their families. Public Law 105-17, the Individuals with Disabilities Education Act, and policies adopted by the North Dakota Department of Public Instruction are used as a foundation for the recommendations contained in this guide.

The required and recommended practices contained in this document will invariably be outdated in a short period of time. Each reauthorization of IDEA has the potential for significant impacts necessitating revisions. To accommodate future revisions, a loose-leaf notebook format was selected for the guide. Each of the sections is designed as an independent chapter that can stand alone. This will allow for revisions to be made to single chapters. It will also permit users to store additional handouts and material within the guide itself.

Key components of a comprehensive service delivery system have been identified and organized under five major sections: Assessment; Program Planning; Staff/Facilities; Transition; and Program Evaluation. Each section is organized to provide the reader with:

- a table of contents
- an introduction
- subheadings referring to the primary components of the service delivery system
- a listing of appropriate state regulations relating to children requiring special education
- guidelines that provide operational objectives related to each activity
- recommended practices and procedures
- supplemental information regarding early childhood special education practices in the appendices for each chapter

The position statements and recommendations proposed by the Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC), the National Association for the Education of Young Children (NAEYC), and guidelines from other states have served as valuable resources in this project.

This document acknowledges the uniqueness of services to preschool children with disabilities in a very rural state, particularly as these services relate to parent participation, least restrictive environment, and transition. The role of families is central to planning, coordinating, and implementing activities and services for preschool children with disabilities. Special education personnel are encouraged to share the contents of this document with parents. Rather than address family participation separately, issues relating to parents and families are integrated into each chapter. Efforts to increase opportunities for integration with preschool peers without disabilities as well as efforts to improve procedures for transition planning are relatively new endeavors. The guidelines

and recommended practices within this document offer a framework for addressing concerns regarding integration and transition. Local school districts and other agencies serving preschool children with disabilities are encouraged to use these guidelines and recommended practices in their planning and implementation efforts.

Keith H. Gustafson
Section 619 Coordinator
North Dakota Department of Public Instruction
1996

Addendum
December, 1999

On June 4, 1997, the Individuals with Disabilities Education Act (IDEA) was amended through Public Law (P.L.) 105-17. The guiding premise of the 1997 amendments built on the actions, experiences, information, facts and research gathered since enactment of the Education of the Handicapped Act in 1975. IDEA 97 emphasizes that an effective education system, now and in the future, must maintain high academic standards and clear performance goals for children with disabilities. Further, these standards and performance goals must be consistent with those required for all students in the educational system including early childhood special education. They provide for appropriate and effective strategies and methods to ensure that children with disabilities have maximum opportunities to achieve those standards and goals. Accordingly, the IDEA 97 provisions relating to evaluation and individualized education programs place greater emphasis on the involvement and progress of all children with disabilities in the general education curriculum.

IDEA 97 provides the opportunity for the Department of Public Instruction to review and revise guidelines relating to the education of children with disabilities in North Dakota schools. Revised guidelines were developed, printed, and disseminated by the Department of Public Instruction in the Fall of 1999. The following documents are available from the Office of Special Education:

- Guidelines: Evaluation Process
- Guidelines: Individualized Education Program Planning Process
- Guidelines: Procedural Safeguards, Prior Written Notice and Parental Consent Procedures
- Procedural Safeguards in Special Education for Children and Parents
- Parent Guide to Special Education

ACKNOWLEDGEMENTS

The Department of Public Instruction, Office of Special Education, gratefully acknowledges the involvement of numerous groups of individuals who participated in the development of these guidelines. Their efforts provided critical input through regularly scheduled meetings over the course of several years. Their expertise and advice regarding the concepts in this document will enhance the quality of early childhood special education services in North Dakota. Individuals who were involved in some aspect of the development of this document are listed below.

Program Standards Subcommittee (1996)
North Dakota Interagency Coordinating Council

Betty Omvig, Chair, Williston
Sandy Brown, Dickinson
Judy Garber, Minot
Deanne Horne, Minot
Jennifer Ramey, Belcourt
Jacqualene Trefz, Jamestown
Deb Balsdon, Bismarck
Cheryl Ekblad, Minot
Keith Gustafson, Bismarck
Judy Jacobson, Watford City
Barb Swegarden, Fargo
Bernadine Young Bird, New Town

Evaluation and Assessment Subcommittee (1996)
North Dakota Interagency Coordinating Council

Mary McLean, Co-chair, Grand Forks
Deb Balsdon, Bismarck
Deanne Horne, Minot
Kathy Lee, Minot
Paige Pederson, Bismarck
Mary Stammen, Co-chair, Portland
Alan Ekblad, Minot
Alice Johanson, Fargo
Linda Olson, Grand Forks

Family Involvement Subcommittee (1996)
North Dakota Interagency Coordinating Council

Deb Clarys, Chair, Carson
Donene Feist, Edgeley
Deanne Horne, Minot
Mary Ann Johnson, Devils Lake
Evy Jones Hartson, Minot
Jim Fransen, Fargo
Ruth Antal, Leeds
Valerie Kirk
Nicole Roller
Alan Ekblad, Minot
Tammy Stuart, Mayville
Deb Balsdon, Bismarck
Keith Gustafson, Bismarck
Jane Nelson, Fargo
Leanne McIntosh, Minot
Rosa Backman, Jamestown
Twyla Bohl, Rugby
Mary Lindbo, Minot
Carolyn Steen, Minot
Yolanda Fransen, Fargo

Adaptive Services Review Team
North Dakota Department of Public Instruction

This document was produced by the Adaptive Services Division, Office of Special Education, North Dakota Department of Public Instruction.

Special acknowledgement is give to Alan Ekblad for his involvement in this project from its inception. He coordinated the initial preparation of the individual sections of this guide while employed at the Department of Public Instruction as the Preschool Coordinator. He continued with the final editing and publication of the guide in a consultative capacity after accepting a position at Minot State University. Alan attended numerous committee meetings at which countless drafts of each section were reviewed and edited. His determination and support of this project are greatly appreciated.

Recognition is extended to Lori Anderson who coordinated all aspects of the editing, printing, and dissemination. The process was greatly facilitated by her experience and excellent organization and management skills.

Special acknowledgment is also given to Jean Newborg for her diligence and commitment in the final editing, review and formatting of the guide. Her publishing and technology skills made final editing and printing of this document a reality.

Keith H. Gustafson
Section 619 Coordinator
North Dakota Department of Public Instruction
1996

Early Childhood Special Education for Children with Disabilities Ages Three through Five was produced by the Office of Special Education, North Dakota Department of Public Instruction.

INTRODUCTION

The purpose of these guidelines, *Early Childhood Special Education for Children with Disabilities Ages Three Through Five*, is to provide direction for program growth in the state. Historically, North Dakota has recognized the importance of providing services to young children with disabilities since special education services were mandated in the state in 1973. In 1977 the North Dakota legislature added foundation aid support for early childhood special education programs. In 1985 early childhood special education was included as a area of disability covered by North Dakota state statute. More recently North Dakota's commitment is evidenced by the state's intent to provide a unified approach for children of ages birth through five, and their families. Various efforts have been initiated to establish a seamless system, such as the establishment of an Interagency Coordinating Council representing agencies serving children birth through five, the development of a state level interagency agreement among numerous agencies and programs serving young children, and the development of transition agreements and procedures between infant development and early childhood special education programs.

Services to infants and toddlers with disabilities were created as a result of the Association for Retarded Citizens (ARC) class action lawsuit against the State of North Dakota in the early 1980s. The state's Department of Human Services (DHS), through its Developmental Disabilities Division, became the funding source for services to this population. Additionally, the DHS contracted with other agencies within each regional Human Service Center of the state so that eight regional infant development programs provided statewide services to infants and toddlers with developmental delays.

P.L. 99-457 was passed in 1986. This law, later included as Part H of IDEA, and now entitled Part C of IDEA, mandated services nationwide for preschoolers with disabilities, three through five years of age, and provided permissive legislation with funding for states to develop programs for infants and toddlers with disabilities. Each state was required to have a lead agency assigned as the primary administrative agent for the program. An option given to states was to split the responsibility and have one agency serve as lead agency for infants and toddlers with disabilities birth through two years, and another agency serve as lead agency for preschoolers with disabilities, three through five years. North Dakota chose to utilize two lead agencies, since statewide services were in place at that time for both populations. This resulted in a continuation of the precedent set earlier: the North Dakota Department of Public Instruction (NDDPI) was responsible for programs for preschooler children with disabilities, ages three through six years, and the Department of Human Services was responsible for services to infants and toddlers with disabilities, ages birth through two years. Although the programs are separated administratively at the state and local levels, both adhere to interagency

collaborative approaches at these levels. Both are coordinated through a state level Interagency Coordinating Council (ICC), which serves an advisory function to the lead agencies.

These guidelines have been prepared for use by personnel involved in services to preschool age children with disabilities. The principal audience for this guide is professionals in public school programs and supervisory personnel. Although the majority of the sections of the guidelines address only content applicable to services for preschoolers with disabilities, some of the sections address the same parameters for both the infant and toddler programs (referred to as Part C) and preschool programs (Part B). This is true of the evaluation and assessment chapter and references infused throughout other chapters. This serves a training purpose for preschool teachers who are unfamiliar with the experiences that are provided by the infant/toddler services prior to the child's enrollment in a preschool. This also provides a single resource guide to professionals who are working in programs that serve both populations.

It is also expected that the guide will provide parents, personnel in health, human services and other child service agencies with an understanding of the scope and purpose of educational services for young children with disabilities and their families.

This guide is intended to outline a process for the provision of services for young children with disabilities. It is not intended to set all special education units on a course of providing identical programs. Rather, it is intended to offer suggestions and alternatives from which personnel may choose as they develop the services that best fit the needs of the individual children.

A PHILOSOPHY

Providing services for young children with disabilities has long been recognized as sound planning in North Dakota schools. Efficacy data in early intervention have demonstrated the benefits of providing services early in the life of a child to significantly reduce the impact of a disability during school years. In some cases, the need for special education can be prevented. To implement major goals of intervention, it is necessary to identify the disability very early in the life of the child. This entails a collaborative approach with all community agencies and professionals providing services to families with young children including doctors, nurses, social workers, and other community and business leaders. Once a child has been identified, it is necessary to create programs that provide the essential support to the child and the family unit to facilitate the goals of intervention.

Community early intervention programs have provided the needed education and habilitation services to children with known disabilities. North Dakota serves this population through various state level agencies. The Department of Human Services (DHS), through the Developmental Disabilities Program, coordinates services to infants and toddlers with disabilities ages birth through two years. The Department of Public Instruction (DPI) has the responsibility for local school programs that serve students with disabilities from age three through five. The North Dakota Department of Health and Consolidated Laboratories is also involved in collaborative interactions with DHS and DPI at the state and local levels to implement a comprehensive system of early intervention in North Dakota. Recent trends in research findings and best practices have indicated the need to develop early intervention programs for the at-risk population of children. These children are not currently identified as having a disability but are at high-risk of developing a disability because of variables within their home environment and/or community. This is the group of children who are served through splintered services in our communities. There is no comprehensive statewide program to systematically address the needs of this group of children. Gaps exist in our service delivery system for identification and location and in intervention to meet the identified needs. There are a few pilot programs in some communities in our state that are designed to address the needs of these children and their families on a small scale. However, there are no programs that have the funding for preventative programs on a community-wide scale. The only means for serving this population at the present time is through interagency collaboration at the local and state levels. The sharing of staff, finances, facilities, and other resources is needed to address the needs of this group of children.

Quality indicators must be utilized to assess services and ensure that the needs of the consumers in our state are met. Service availability alone is not enough. Services must make a difference in the lives of the children and family members as well as benefit

society. They must be cost-effective, well monitored and evaluated to assure fiscal and programmatic responsibility. They must also be valued by parents and community members. Quality indicators that should be considered by programs in the state in their quest to enhance the qualitative aspects of their service delivery system are presented and discussed below.

1. **Provide opportunities for young children with disabilities to be educated with same-age peers without disabilities.**

There are many early childhood services within each community in our state. Local services designed to meet the needs of young infants, toddlers, and preschool children with disabilities should collaborate with existing providers to maximize the outcomes for all. Duplication of services is often the result of a lack of collaboration such as when budgets are utilized to provide similar services at the expense of providing new services that are needed. By pooling resources at the local level, the needs of preschool children with disabilities can be served in a more effective and meaningful way. This would also enable the provision of services to an expanded population of students through the incidental benefit of co-location.

Obstacles imposed by bureaucracies of local service providers must be eliminated or minimized. Obstacles that are more difficult to address, such as the need for autonomy, control, and ownership of programs by professionals, must be eliminated through the continued lobbying efforts of parents, professional organizations, and supervisory personnel at the regional and/or state level. Since the primary goal for early intervention is to decrease and, when possible, prevent the need for subsequent placement in special education at a later time, it is not justifiable to isolate these children into segregated, self-contained programs to receive the intervention services. The outcomes of early intervention can be realized through utilizing childcare facilities, Head Start programs, community preschool programs, and other locations where young children who are not disabled receive services. There will always be a need for more intensive and specialized early intervention programs for children requiring a more restrictive learning environment. The majority of the children who need early intervention services, however, could be appropriately served utilizing sites already available within each community in our state.

2. **Provide services in a variety of settings with an emphasis on utilizing the least restrictive learning environment for each child.**

Diversity is a hallmark of most communities. In addition to alternative settings for shopping, socializing, and worshiping, communities attempt to meet the needs of citizens by providing alternative support programs or services that address specialized needs. Family members will traditionally have had vast experiences in exploring community options and will have selected the settings, programs, and services that best meet their needs as residents of that community. They will have a preferred set of stores for shopping, a

preferred church, social clubs, and childcare facilities or arrangements. When a child is identified as having a disability, family members are often asked to accommodate to an entirely new service involving new personnel, new concepts, and in many cases, a new location for the service. They will invariably retain their existing community connections for meeting the existing needs of the family and add the new service and location to their already busy schedules. An option that would certainly assist many busy families would be to have the preschool special education services built into one of the existing community supports currently utilized by that family. It would not require adding a new routine to the parents' busy schedule; an existing location or service would be adapted to meet the new need of one of the family members. An existing routine would be adapted, rather that creating a new routine.

As local programs begin utilizing family-focused approaches, it will require offering the services in a greater variety of community environments. This will require that the family be extensively involved in the process of balancing the elements required by law, and in selecting the least restrictive learning environment in which to achieve the specified outcomes delineated for the child. Programs are being asked to redefine themselves. Rather than to conceptualize the programs as *locations*, they must be thought of as *services* or *support personnel* who go to different locations to provide services and supports to the child in the naturally occurring environments that constitute the least restrictive learning environments.

3. Provide services that reflect interagency and interdisciplinary cooperation and coordination.

As programs begin serving children and families in new locations within the community, they will come into contact with other agencies, disciplines, and services. Working together with these agencies will be a natural progression. It will facilitate the coordination of schedules and services for the children enrolled in the early intervention program and will also result in incidental benefit to other children and families. There are many services available in most communities. Service providers co-located and working together will be in a much better position to maximize the services to meet the needs of the community members as well as identify unmet needs within the community.

4. Actively involve parents in every aspect of the educational process.

The model of tailoring services to meet the unique community routines of the family unit will require far more extensive involvement of parents in the planning process. They will be involved in a more professional capacity than just being invited to attend planning meetings. They will be instrumental in the assessment process, identifying community locations utilized by their family members, and inventorying those environments and services to determine the feasibility of adapting or tailoring the services to meet the new need of the family. Their input will also be essential in prioritizing modifications that would be the least intrusive to the family and yet most beneficial to the child. The family members must be more involved in

selecting the intervention outcomes, methodologies, and evaluation paradigms. Since the skills will be taught within the existing routines and locations used by the family, they must facilitate the selection of outcomes that will be valued by the family and considered valid by other community members. They must assist in selecting the methodologies since they will be involved extensively in the implementation of the activities. The evaluation criteria selected by the team will be dictated by the perceived value attached to that outcome by the family. Different families utilizing the same facility for a variety of purposes (different programs) should be working together to provide comprehensive evaluation input to the array of agencies and programs or services represented in that location.

5. **Provide services that are developmentally appropriate and address how the child's disability impacts access to those activities.**

This will be a natural outcome of the co-location process. Personnel who have worked with preschool children with disabilities in isolation from other early childhood programs often lose their perspective of developmentally appropriate practices. Programs are so busy providing intensive remedial and habilitation services and addressing deficit skills only, that the larger picture - how the ability to participate in regular education is impacted by the disability - is lost. A step back is needed. The children need to be returned to the naturally occurring community environments or to the locations in which they would be living and learning if they had no disability. They would be found in child care facilities, at the babysitter's or grandparent's house, with the parents at home, or with siblings in the park.

The focus must be placed on how the disability impacts the child's ability to participate and learn or develop from the activities within those locations. Interventions should not separate the child from the normalized daily living activities. The child should be supported in those environments and activities to assure equal assess and opportunity for developing the "regular education" skills that nondisabled peers are developing.

6. **Provide services that value cultural diversity.**

Cultural diversity should be valued in our programs. Rather than tolerating differences in the cultural backgrounds of community members and ethnic groups, the differences should be celebrated and receive preferential consideration in program planning activities. Cultural variables should be considered when addressing family diversity. Cultural, ethnic, and language preferences and differences should be viewed as features unique to each family unit. The alternative behaviors and symbols that family and other community members utilize in their daily living habits, holiday celebrations, and other interactions should be valued. People of diverse cultural heritage should be encouraged to share their traditions. In addition to cultural exposure, there are many incidental outcomes in the lives of the children and parents. Self-esteem is built and there is an increased sense of community belonging and being valued by the community.

7. **Promote interagency collaboration to ensure smooth transitions.**

Intervention programs should be designed and implemented to minimize the need for transition. Transition involves movement from one location to another, from one activity to another, or from one service to another. The more separate and isolated our services, the greater is the need for planning transition activities. Programs that are co-located and operated together will have fewer transition needs. Those that have reduced bureaucratic obstacles find minimal need for transition. Promoting interagency collaboration to ensure smooth transitions must begin with encouraging and supporting professionals to plan, practice, and serve the community members together. The community members will view intervention as one program, with different facets. Transition planning can then be integrated into the daily operations of the constituent providers. Smooth transitions will occur at every critical juncture.

8. **Utilize comprehensive program evaluation models to evaluate the local programs in terms of standards for program quality.**

Concurrent with establishing community-based services for preschool children that have specified outcomes, the effectiveness of the interventions offered should be examined carefully. There should be an emphasis placed on program improvement over time. Essential questions to address in a program evaluation model are stated below.

- Does the program make a difference in the life of this child?
- Will this child do better in school because of our efforts?
- Does the family feel empowered to better address the educational and community living needs of this child because of an intervention?
- Does the community value and support the intervention processes utilized?
- Is there an increase in the capacity of other service providers to adequately meet the needs of the child with a disability and the child's family?
- What other support services are needed in our community to meet the needs of the community residents or to improve the quality of life in the community?

It is readily observable that program evaluation must be comprehensive. It will require input from the children themselves, their parents, siblings, and extended family members. It will require involving community business and service sector leaders. Data must be collected over time for determining long term impact and cost savings to society. Services should be modified immediately as a result of evaluation data. Above all, program evaluation must be a collaborative venture with other service providers. The programs and services should be monitored and evaluated in the same manner as they are operated. Professionals from different programs must work together to improve the quality of community life for the residents of that community.

9. Provide ongoing staff development inservice training opportunities.

Opportunities for comprehensive staff development are a critical aspect of assuring quality in the process of implementing early intervention services. Staff should be provided with support and inservice training to learn new methods for evaluating young children, provide comprehensive interventions in the least restrictive learning environments, involve parents, apply technology, and participate in interagency collaboration. Staff training should be directed to all participants in the early intervention process: parents, teachers, related service providers, administrators, and other community service personnel including child care providers and preschool teachers. Training should not be limited to the initial presentation of skills or materials. Alternative models of staff support, such as peer mentoring, parent-to-parent support programs, and collaborative planning, should also be utilized. In addition to facilitating the acquisition of a high level of quality in program outcomes, interventionists will develop a feeling of competence and efficacy. Staff development activities should be planned and evaluated through the local and state Comprehensive System for Personnel Development programs and should be aligned with the program evaluation process or program improvement plan.